VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

04912

or Diet No. 185-

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Har ford MARYLAND	STATE Many COUNTY COUNTY
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (M. outside corporate limits, write RURAL and give nearest town)
TOWN (4 a live de Grace (in this place)	OR /
HOSPITAL OR	STREET Trunk give location
INSTITUTION OR	STREET All rural, give location)
STREET ADDRESS Harford Memorial Hosp.	
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
(Type or Print) Nean Rose	1 / OF
6. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	S. DATE OF BIRTH   9. AGE last birthday II under 1 year   II under 24 hrs
WIDOWED DIVORCED	Months   Days   Hours   Min
	May 19, 1720   20 yrs.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR done during most of working life, evon if retired) INDUSTRY	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewite Wittom	L North Caroling United State
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richardson, Joseph	Bella Gillen
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17 INFORMANT AND ADDRESS .
(Yes, no, or unknown)   (If yes, give war or dates of	Dage On L
UNKnown service)	eway coming
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
not to the	100
Immediate cause (a)	ca personage -cour
Arran Park	
Antecedent cause(s) unlangues -	
Diseases or conditions, if any, (b)	
stating the underlying cause last	11 1 + 2/1 -
(c) Intulo,	Mayles Carme.
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
IVW DATE OF CAMPAGE OF THE PROPERTY OF CAMPAGE OF THE PROPERTY	20. AUTOFSI (
at A COVERNMENT AND A PLACE (Was a first of the first of	Yes No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY	
T1ME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?
OF INJURY  m. While at Not While Work At work	
22. I hereby certify that I attended the deceased from April 3	1951 to May 2 . 1951 that I last saw the decoured
V	. 6
alive on, 19, and that death occurred at.3	
SIGNATURE: (Degree or title)	ADDRESS DATE SIGNED
CAMAL DOLLAR MAN 1	in Course and Man Man a letter on the
HONGEN K. WOLL M.D. 41	9 congress on Appleacount 5.20/
23. BUDIAL, CREMATION   DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)
Removal (Specify) May 3, 1951 Dest leller	son M. C. Morth Carolina
DATE REC'D BY LOCAL   RECHTRAR'S SIGNATURE	24. FUNERAL DIRECTOR Q ADDRESS /
m REG. 2 1951 11 7 7 100	At & Baile Dalit
Many, 101 a. L. Denso Mr. D.	1. O arting on

BUREAU V. S.

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

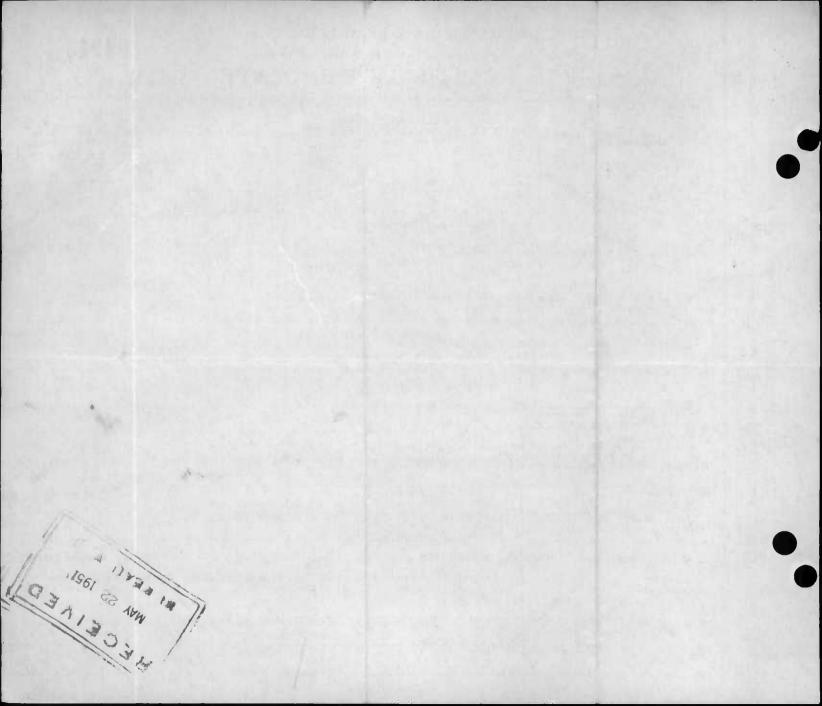
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04913

# **CERTIFICATE OF DEATH**

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-	11/1
JUNEAU MARYLAND	ma.	varford
OR give nearest town) fawleds Grace (in this place)  TOWN  LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS /// Bloomshury St	STREET ADDRESS /// Bloomsbury	lh !
3. NAME OF AFirst) (Middle) (Type or Print) Lewis (Widdle)	Baldwin   4. DATE (Month) OF DEATH May	(Day) (Year) 17 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Market	Oct. 291889 71 yrs. Months.	
done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY Livid 2 yrs	Eeul to Md.	COUNTRY J. S. A.
13. FATHER'S NAME Linkuroum	14. MOTHER'S MAIDEN NAME	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If year, give war or dates of 2/9-03-4563	17. INFORMANT AND ADDRESS Jones	•
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	R a	ONSET AND DEATH
Immediate cause (a) ful minar	Edema	1 Ode
Antecedent cause(s)	Tuberulses	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	in - Bihalene	10 420
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	- listhuti	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
(Control   Diagram   Control   Diagram   Control   Contr	CITY OF TOWN (COUNTY)	Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While   INJURY   Mork   At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from. Man.		aw the deceased
alive on 17, 19, 7, and that death occurred at	ADDRESS and on the date st	ated above. DATE SIGNED
om Whiled Up F	and de frace lich	5/19/57
23. BURIAL CREMATION DATE NAME OF CEMETE NAME OF CEMETE NAME OF CEMETE	dell Navrede Grace	, md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR Putchell	ADDRESS
	Havrede Brace. 7.	nd- 970 VV



The correct age

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

04914

Gerryville, and.

	Acg. Dist. No
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside comparate limits, write RURAL and give nearest town)
OR give pearest town) (in this place)	OR THE THE
HOSPITAL OR	STREET (M rural, give location)
STREET ADDRESS Hartord Memorial Hospidal	ADDRESS 86 N. Main Street
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) George Elmer	Blackborn DEATH May 22, 1951
6. COLOR ORVIACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH   9. AGE last hirthday   If wader 1 year   If under 24 hrs
Male White (Specify) Married	8-28-78 72 yrs. Months Days Hours Min.
10m. USUAL OCCUPATION (Give kind of work   10b. Kind of Business or	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
Das 318tion Atlendant	Maruland Country, S. A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Blackburn	Mary Ferguson
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMATE AND ADDRESS OF A Port 1
service)	Mrs. Haze Mchay, 96 N. Moin St. Deposit
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
D. 1.	1 2 m
Immediate cause (a)	Joinn
15 / Antecedent cause(s)	The state of the s
Diseases or conditions, if any, (b)	a dy frecum omoure
Hog stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5-7-611 Carcino	ma / / Clem You No X
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	The state of the s
4/11	E1 5/2 - 2
22. I hereby certify that I attended the deceased from T/16	, 195 /, to 5/2 2 , 19.5 /, that I last saw the deceased
alive on 5/2 , 19.5/, and that death occurred at	932 Am., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
della latera	m & but 12h-0-1 h 15/-1
trancuel 1.10 maon	111.10.104 Dyratel. 160. 1276
THE STATE OF A THE STATE OF THE	RY OR CREMATORY LOCATION (City, town, or county) (State)
1 1 1 2 2 3 - 17 3 1 1 A series	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
- July 7.57 (1. a. Venus Mi. 1)	1 / 11/11/ /ALLINAAM/W/AM/

S A DESTALLA

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY HARFORD MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)
TOWN HAURE (in this place) TOWN HOSPITAL OR
INSTITUTION OR
STREET ADDRESS HAR FORD STREET (If rural, give location) ADDRESS 3. NAME OF (First) (Middle) (Last) (Month) (Day) (Year) DECEASED CATherino (Type or Print) DEATH MA 195 6. COLOR OR RACE 7. SINGLE, MARRIED. S. DATE OF BIRTH 9. AGE last birthday If under 1 year | If under 24 hrs. Months Days Hours Min. WIDOWED, DIVORCED, OLORED (Specify) SINGLE 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME ARENCE 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unknown) | (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET\_AND DEATH ASPHYXIA NEONATORUM hr. 50m Immediate cause Antecedent cause(s) DYSTOCIA Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1600 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 🗌 No W PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY 21. ACCIDENT SUICIDE (Specify) (CITY OR TOWN) (COUNTY) HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? Whlle at Not While INJURY Work At work | 22. I hereby certify that I attended the deceased from MAY 24, 1951, to MAY 25, 1951, that I last saw the deceased 19.5/ and that death occurred at 1:15 Am., from the causes and on the date stated above. alive on MAY SIGNATURE ADDRESS DATE SIGNED 23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county), DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

of information carefully death clearly and legibly y every item the causes of d Supply write t PLAINLY, WITH UNFADING INK. sespecially important. Physicians: please

correct

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PLEASE



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

04918

				1008	
1. PLACE OF DEATH	∃•		2. USUAL RESIDENCE	(HOME) OF DECEAS	
114		MARYLAND	STATE Mary	land	COUNTY Sasfara
OR give nearest	town)	AL and LENGTH OF STAY (in this place)	II OR	orate limits, write RUF	AL and give nearest town)
HOSPITAL OR	RHARFORDA	nemocial	STREET ADDRESS	B. J.	iocation)
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last) Tareo ks	4. DATE (1 OF DEATH	Month) (Day) (Year)
5. SEX	6. COLOR OR RACE	17. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE last birthda	y   If under I year   If under 24 hrs
male	astered	WIDOWED, DIVORGED, (Specify)	5-16-51	yrs.	Months Days Hours Min.
	ATION (Give kind of work forking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	HARFORD Mem		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	E	1	14. MOTHER'S MAIDE	N NAME	7.0.4.
Wilhia	m Fluar.	a Brooks	Rosahie	CITE	4066
	VER IN U.S. ARMED FORCES (If yes, give war or dates	?   16. SOCIAL SECURITY NO.		ADDRESS	
(rea, no, or unknown)	service)	01	Belair	md. (Fal	There)
		18. MEDICAL CE	RTIFICATION	7	
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH	,	00	INTERVAL BETWEEN ONSET AND DEATH
		melle state	· Kelin		
Immediate	e cause (a)	o la contra	J f. 15. 0		. 1004 1000 0000 0000 100 100 100 100 100
	it cause(s)		UV		
Diseases or o	conditions, if any, (b)		*****	000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
30 + stating the u	nderlying cause last				
14 OFFICE STONIES	(c)				
Conditiona contribu	CANT CONDITIONS iting to the death hut not se or condition causing deat	th.			
19a. DATE OF OPE	RATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes 🗆 No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJI	CE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR	TOWN)	(COUNTY) (STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OF	CCUR!	
INJURY	m,	Work At work			
22. I hereby certi	ify that I attended th	e deceased from 5-17	197 to 577-	- 1951 the	t I last saw the deceased
5/17	5 121		1200		o I last saw the deceased
alive on	19.5./, ar	d that death occurred at,	ADDRESS	e causes and on th	e date stated above.
SIGNATURE	/	(Degree or title)	ADDRESS	- / - , .	DATE SIGNED _
phol	4. Trons	, but	pary.	Meurea	Little hel.
23. BURIAL, CREM. REMOVAL (Spec	ATION DATE THERE	1957 NAME OF CENETE	Charle un	LOCATION (City, to	wa, or county) (State)
DATE REC'D BY	LOCAL   REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECT	997	ADDRESS
May - 19.	1957 a. X	Lawis M. D.	100.6	Barle	2
onte u	. a : 2/1/		19 a	rlington	oimd,
2015/6/	11406		00 -0	100	1,000



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04916

# CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH:  County HARFORD  City or town RURAL TOPPA  (17 outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 1.3 YEARS  Hospital, Institution, or street address where death occurred:	State County  City or town (If od/side cyty or fown limits, write RURAL and givo nearest town)  Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME ELLA ISABEL BUDNIC	3. (b) Social Security Number
4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Lewale White Widowed	20. DATE OF DEATH MAY 2 19.51 31 6 P. M
6.(6) Name of husband or wife albert Bulmers	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from OCT. 19.48, to MAY 1. 19.51.
7. Birth date of Ph. 3 3 186 2	and that I last saw h. E.R. alive on MAY 1 19.51
7. Birth date of deceased (mo., day, yr.) app, 22 1863  8. A.C.F. Years Months Days I fless than one day	Immediair cause of death CONGESTIVE DURATION
8. AGE: Years Months Days If less than one day	HEART FAILURE 21/2 YEARS
Harland Con Maryaland	DOTERIN SULERATIO
(Town, county, and state)	HEART DISEASE
10. Usual occupation Attreevis	Due fo.
11. Industry or business Druestus	
12. Name au gustus gordner  13. Birthplace	Dther conditions
13. Birthplace Md.	9.0 (Include pregnancy within 3 months of death)
E 14. Maiden name Mary Wilson	Major findings of operations.
15. Birthplace / O Wish	Date of op.
16 Informant Herbert Budmus	Autonay results.
Address Appa Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B / 10 She 195	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Trinily Julieragh	Where did Injury occur?
Location Johnson Ma	Injured at home, farm, Industry, public place (where?)
18. Funeral director Atrivard R. Me torus & Sou	Means of injury Injured at work?
Address abengdon Maryland	23. SIGNATURE GW Stewart . Jr. M. D. or other
19. May 5 183   Man mm lodale Registrar	Address EDGEWOOD MO. Date signed 5/4/51



# INDING y item of information carefully. The correct

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 M. Charles Street, Baltimore

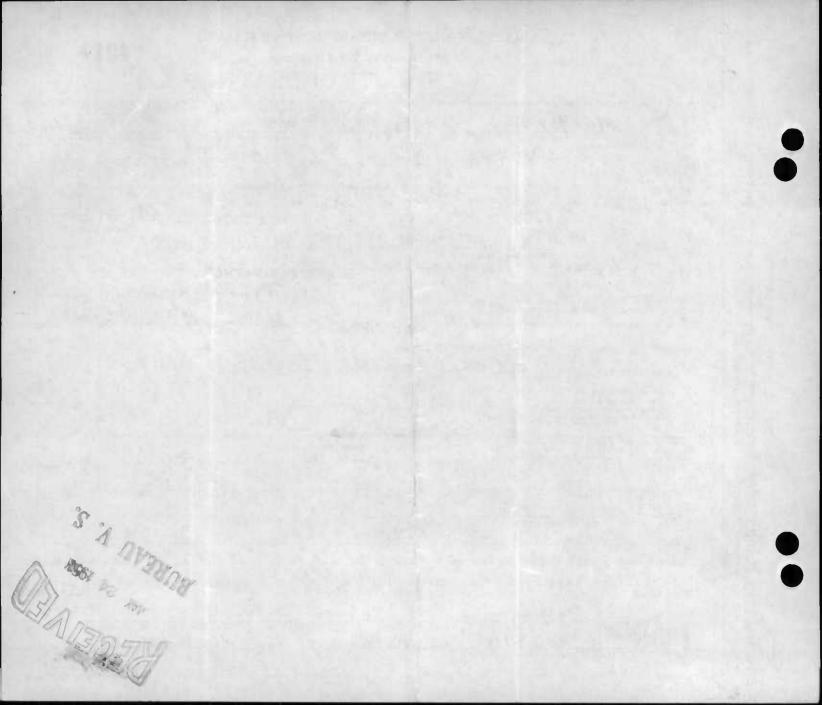
# CERTIFICATE OF DEATH

04917

Reg. Dist. No. 182

100105

1. PLACE OF DEATH- COUNTY  Hartord  MARY	2. USUAL RESIDENCE (HOME) OF DECEASED.	4
CITY (If outside corporate limits, write RURAL and   LENGTI OR give ocarest town) Be Ar Rural (in the TOWN)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS	
3. NAME OF (First) (Middle) DECEASED (Type or Print)	P of or	Year)
6. COLOTOR RACE 7. SINGLE, MAR WIDOWED, DI (Specify)	July 5/1870 80 yrs. Months Days Hours	
10a. USUAL OCCUPATION (Give kided of work 10b. Kind of B done during most of working life, even if retired) INDUSTRY	- Harford Co- Med COUNTRY?	WHAT
13. FATHER'S NAMED T. JOHN F Bull	Cornalea Hollings worth	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Flour H Bull A. Pylisville, Md	
18. M I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	CAL CERTIFICATION  INTERVAL BETONSET AND I	
	THROMBOSIS 5/15/51	PEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	o Scherosio >	
II. OTHER SIGNIFICANT CONDITIONS	Testina 12 mos	
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OP		No 🗂
21. ACCIDENT (Specify) PLACE (Home, farm, fa SUICIDE OF office bldg., etc.)		)
TIME (Mooth) (Day) (Year) (Hour) INJURY OCCUR While at Not INJURY m. Work At	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	- 4, 1950, to May 19, 1957, that I last saw the deces	used
alive on	d at	NED
Wellard P. Hudson, M.	forest Hee, Md 5/19/51	
Banca (Specify) May 21151 Thu	SRUM Method, of New Beldiam (States)	te)
REG. 5/2 0/5/ REGISTRAR'S SIGNATURE	24 RUNERAL DIRECTOR ROlling March	



VS. A15

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

04919

				Iteg	Dist. No.	*************	observation.
I. PLACE OF DEATH COUNTY	<u> </u>		2. USUAL RESIDENCE (H	IOME) OF DECEAS	COUNTY	-/ -	,
Hartord	Mem. 1703	MARYLAND	MIC.			Starfar	d
OR give pearest TOWN	orporate limits, write RUF	AL and   LENGTH OF STAY	CITY (If outside corpora	te limita, write RUR	AL and give	nearest town	)
TOWN AQUY	c de lorace	(in this place)	TOWN Haure	de lou	2 C e.	Ws D	
HOSPITAL OR			STREET	(If rural, give	ocation)	1600	-
INSTITUTION OF STREET ADDRES	· // . / /	Memorial Hosp.	ADDRESS 6,51 F	renklin Str	eet		
3. NAME OF DECEASED	(First)	(Middle)	(Last)	OF ST	lonth)		(Year)
(Type or Print)	Max		Bullock	DEATH W	lay	31,	19 51
6. SEX Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH   -  - 1893	9. AGE last birthday	If under I Months [	year   If under	Min.
	ATION (Give kind of work	(Specify) Mary 2d	11. BIRTHPLACE (State or	<u> </u>	1 10	0	
done during most of w	orking life, even If retired)	INDUSTRY	II. BIRTHE LACE (State of	foreign country)	12. C	CITIZEN OF	WHAT
13. FATHER'S NAM	tore Ower.	Grocery	1) 45519			USA	
13. FATHER'S NAM	E 0 // /		14. MOTHER'S MAIDEN	NAME			
Simon	Bullock		Anna ?				
15. WAS DECEASED EV	VER IN U.S. ARMED FORCE		17. INFORMANT AND	ADDRESS	1.7.	CL A	
	(If yes, give war or dates iservice)	01	Mrs. Fannie bul	TOCK-OOT LI			
		18. MEDICAL CE	RTIFICATION	181	re De	Grace,	Md_
r Dianiana an ao	LIDIMIALIA DIDRAMILI		TO TO TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TO		111111111111111111111111111111111111111	INTERVAL BET	TWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY	1 -2 .	- 1 - 1		THE SEA	ONSET AND I	DEATH
	.60	cute inyocardes	al hades of		242		
Immediate	e cause (a)L	can in ju cargo	o- Jogadia	<u></u> .			
Anteceden	t cause(s)						
Diseases or c	conditions, if any, (b)						
	the above cause nderlying cause last						
arming the di	(a)				-		
11 OTHER SIGNIFIC	CANT CONDITIONS						
Conditions contribu	ting to the death hut not se or condition causing dea	h.					
		FINDINGS OF OPERATION				20. AUTOPS	TTO
						20. AUTUPS	XI
as ACCUDENT	(015)   DY A	CP /IV		A			No K
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR T	OWN) (	COUNTY)	(STATE)	)
TIME (Month)		INJURY OCCURRED	HOW DID INJURY OCC	UR?			
OF INJURY	m.	While at Not While Work At work					
IMAOKI	113.	At WOLK					
29. I hereby certi	fy that I attended th	e deceased from 5-/8	195/ to 5 - 3	1 105/ that	I look on	m the decem	
abi I neledy coll	ay that I devoltate the	0 40004504 110111	, 100	, 10, 0120	I last ba	M tue deces	ised
alive on5.	3./ 195/ ar	d that death occurred at	4 m. from the	causes and on the	a date stat	evode bet	
SIGNATURE		(Degree or title)	ADDRESS	-	, 4400 504	DATE SIGN	NED
(1//	a .1.	, 7 ()	7///		12	127.11	1
Thuy	a. Jarne		Harry	Munorea	XX	y wa.	
23. BURLAL, CREMA	ATION DATE THERE		RY OR CREMATORY L	OCATION (City, tow	n, or county	) (Sta	te)
REMOVAL (Speci		,1951 tacher 11	esedale/Cornety	Balta?	Md		
DATE REC'D BY I		SIGNATURE	24. FUNEBAL DIRECTOR	3	t	ADDRESS	1111
REG. 6/1/57	aw	pelus.	Sol Luis	assa c Para	111	11.041	126
			- July	antion	VI /	i our	and
		7			29	0636	6

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# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

						rece. Dibe.	1400 MT.	**** ******
I. PLACE OF DEAT	н.	1	2. USUAL RESIL			CEASED.	TPV	
	Hayu	MARYLAND	U	nknown		COOL	VTY Unkr	lown
OR give neares	t town) Aberdeen	AL and LENGTH OF STAY (in this place)	OR TOWN	de corporat Unkno		RURAL and	give oearest	towo)
HOSPITAL OR		DOA	STREET	OTIMITO	11-0	give ioration	)	
	R 2151-1 US Arr	ny Hospital Ving Ground		Unknow		\$170 TO WOOD		
3. NAME OF DECEASED	(First)	(Middle)	(Last)		4. DATE	(Month)	(Day)	(Year)
(Type or Print)	Leon	N. <	YIST		OF DEATH	May	26	19 5
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIR	RTH 9	. AGE last bir	thday   If une	der 1 year  I	f under 24 hrs
Male	White	WIDOWED, DIVORCED, (Specify)	Unknown	2	8 Unk	yrs.   Mont	hs Days	Hours   Min.
10a. USUAL OCCUP	ATION (Give kind of work	10b. KIND OF BUSINESS OR	II. BIRTHPLAC		foreign country	y)	12. CITIZE	N OF WHAT
Soldier	working life, even if retired)	INDUSTRY US Army	Unkno	במשים			COUNTRY	US
13. FATHER'S NAM			14. MOTHER'S	MAIDEN :	NAME			
Unknow	m		U	nknown	l			
15. WAS DECKASED E	VER IN U.S. ARMED FORCES	1 16. SOCIAL SECURITY NO.	17. INFORMANT					
Yes diknown)	(If yes, give war or dates service) Current	200	Personal	effec	ts of de	eceased		
		18. MEDICAL CE	RTIFICATION				1	
1. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH		0				AND DEATH
		racture	56.00				05.62	
O // -Immediat	le cause (a)	racture	3100			3.1 1 % 111001		whe
8/62 Antondo	nt cause(s)							
	conditions, if any, (b)							
	to the ahove cause under ying cause last							0101010101010101010101
. , o attenting the t	(c)							
II. OTHER SIGNIF	ICANT CONDITIONS				-	<b>X</b> ,	1	
	uting to the death but not use or condition causing deat	h						
		FINDINGS OF OPERATION					1 20. AT	JTOPSY?
						e <sup>c</sup>	Yes [	□ No M
21. EXTERNAL CA	USE WAS   PLA	CE (Home, farm, factory, street,	[ (C)	ITY OR TO	OWN)	(COUNT		TATE)
PRIMARY OR CO CAUSE OF DEATH	ONTRIBUTING   OF	office bidg, etga	Edgen	road	- Ha	. / ./	M	1
	(Day) (Year) (Hour)	INJURY OCCURRED	HOWOID INJ	URY OCC	UR?	10 40		4.
OF INJURY MA	126 1951 8Pm.	While at Not while work or	A nto occio	lant.	anto co	into to	1/20	,
			(*)				4	
22. I certify that'l	took charge of the rema	ins described above, held an A	Autopsy [], Inspe	cction V,	Inquiry [	thereon An	d from th	e evidence
		Inquiry, find that said dece			above, and	death in m	y opinion	resulted
SIGNATURE	i causes [], arciaeni [	, suicide , homicide ,	ADDRESS	_1.			DÁT	E SIGNED
1%	Daniel D.A	Y. Medical Fra	· · · · · · · · · · · · · · · · · · ·	short 6	B B M	in sud	5/07	1
sergua CITO	and in gyap	my reaces Lxc	comme la	7	0. (33/)	1	1/06/	101
23. BURIAL, CREM		NAME OF CEMETE	RY OR CREMATO	PRY LEG	CATION (Cit	y, town, or co	unty)	(State)
Ter royal	Mayor	190/ Value	7	121	un	un	an	1
DATE REC'D BY	LOCAL REGISTRARS	SIGNATURE	24. EUNERAL D	DIRECTOR	2 711	1	ADD	RESS
may 21,7	151 marie	n mondsdall	Howa	121	Muc	apri	us do	m
1	•		al-1	rul 1	7171	11	250	-611

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A

to tap ottand from top her. Expus. 6/13/51,3

BUREAU V. S. BECEINED · 17/1/1/25 37 1/25

2411 N. Charles Street, Baltlmore

Reg. Dist. No. COUNTY (Month) (Day) (Year) 19 Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? .S.A. INTERVAL BETWEEN ONSET AND DEATH Yes 🗀 No [ (COUNTY) (STATE) DATE SIGNED

correct CERTIFICATE OF DEATH The 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE Maryland Maryland Harford MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) of information carefully death clearly and legibly. OR give nearest town) Grace (in this place) TOWNHavre de Grace vrs. HOSPITAL OR STREET (If rural, give location) INSTITUTION OR STREET ADDRESS ADDRESS 401 Market 3. NAME OF (First) (Middle) (Last) 4. DATE DECEASED DEATH 5/18/51 Mary Elizabeth Deibert (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 1 dOW 6. COLOR OR RACE S. DATE OF BIRTH 9. AGE last birthday | 1f under 1 year | If under 24 hrs. Female White /1873 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) INDUSTRY Philadelphia, Pa. every item none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albert Seeds Unknown 17. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of Florence E. Deibert, Havre DE Grace, Md. service) Supply write the none 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH INK. Immediate cause Antecedent cause(s) , WITH UNFADING important. Physicians: Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) SUICIDE HOMICIDE INJURY is especially i TIME (Month) (Day) (Year) INJURY OCCURRED HOW DID INJURY OCCUR? (Hour) While at Not While Work | INJURY At work [ 22. I hereby certify that I attended the deceased from Mac. No. 1957, to May 8, 1951, that I last saw the deceased m., from the causes and on the date stated above. WRITE and that death occurred at...... alive on .. SIGNATURE (Degree or title) ADDRESS PLEASE 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) 21 Elkton Cem. Elkton, Md: 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE mington & Son, Havre de Grace, Md. VS.

age



2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

04922

Reg. Dist. No. 185

I. PLACE OF EATH	2. USUAL RESIDENCE (HOME) OF DECEASED.
CITY at our de corporate limits, write RUPAL and   LENGTH OF STAY	CITY (If authige corporate limits, write-RURAL and give nearest town)
OR gip corest town (in this place) HOSPITAL OR	OR Have de Que
INSTITUTION OR STREET ADDRESS	STREET ADDRESS 67 Boundary (If rural give location)
3. NAME OF DECEASED (First) (First) (Type or Print)	Or (Last) 4. DATE (Month) (Day) (Year) OF DEATH 5/2//5/ 19
SEX COLOR, OR RACE 7. SINGLE, MARRIED, WIDOWS DIVORCE, (Special Control of the Co	S. DATE OF BIRTH  9. AGE last hirtheay II hader I year If under 24 hrs. Months Day Hours Min.
103 USUAL OCCUPATION (Give kind of work to be during most of working life, even if retired)	BIRTY PLACE (State or foreign country)  12. CITIZEN OF WHAT
13. WHER'S NAME Diell	14. MOTHER'S MAIDEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, in or unknown) (If yes, give war or dates of service)	Man Marchel Polill Hands Land
I8. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Justine Valence 93	hemmhage 1day
587, 2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	icrata Cepts 1 year
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes \( \text{No} \) \)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from My 2.	7, 1934, to Maz 21, 19.57, that I last saw the deceased
alive on	ADDRESS DATE SIGNED
mulled the	Lande prece Ma 23/457
(SEMOVAL (Specify) 5/24/5/ Baker	RY OR CREMATORY LOCATION (City, town, or county) (State)
REG. 23-198/ U. J. Swin M. D.	ADDRESS ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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# MARYLAND STATE DEPARTMENT OF HEALTH

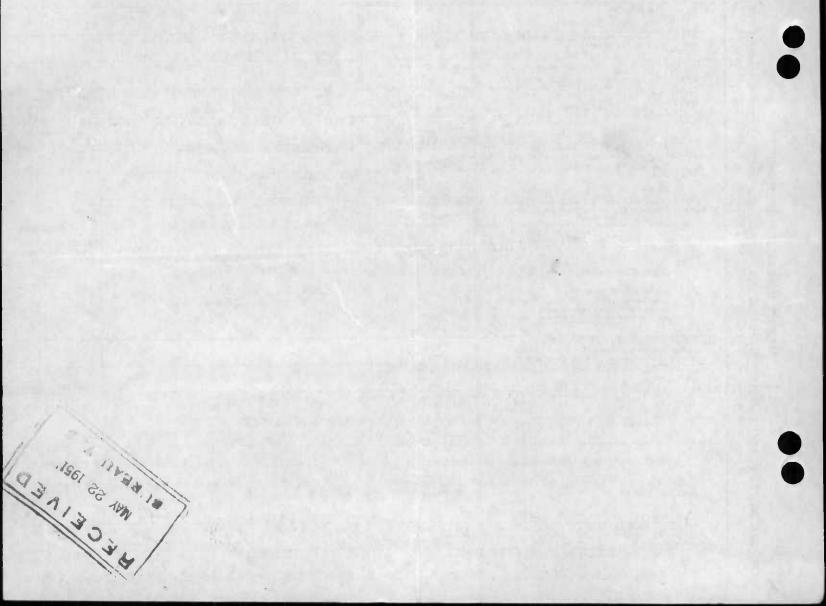
2411 N. Charles Street, Baltimore

04923

# CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY HARFORD MARYLAND	STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN HAP UE de GRALE.	TOWN HARVE de GRACE
HOSPITAL OR HARFORD MemoRIAL	STREET (If rural, give location)
STREET ADDRESS HOSPITAL	ADDRESS 834 OTS = 9A ST
3. NAME OF (First) (Middle) .	(Last)   4. DATE (Month) (Day) (Year)
OECEASED (Type or Print) Edward DANIEL	EVANS   OF DEATH 5 18 1957
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE last birthday   If under 1 year   If under 24 hrs.
WIDOWED, SIVORCED, (Specify)	6-29-50 0 yrs. Months Days Hours Min,
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
more none	MARUIAND COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FOWARD EVANS	JEAN RAPALI
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or brown) 1 (Hayes, give war or dates of	17. INFORMANT AND ADDRESS
(service)	FATHER: Edward EVANS 834 Otsega ST
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
a + 10.	1
Immediate cause (a Cente fulmina	duy / Apaliks
694 x Antecedent cause(s) 2 Officel, CA 7	
Diseases or conditions, if any, (b) Multiply was	ni ulcera a hemourhage
giving rise to the above cause stating the underlying cause last	
117 a stating the underlying cause last (c) acute Uniscotte	ui adentes
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office hidg., etc.) HOMICIDE INJURY	(01212)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
22. I hereby certify that I attended the deceased from 577	195/, to 5-19, 195/, that I last saw the deceased
alive on 5 -18 , 1951, and that death occurred at	1 30/A
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
	DATE SIGNED
John a. Sarrio, M. D. He	arkord memorial Hoops Ald 8-
23. DERIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY H CREMATORY LOCATION (City down prounty) (State)
	that Ham de was Md
DATE REC'D BY LOCAL MIGISTRAR'S SIGNATURE	ADDRESS ADDRESS
May 20-1957 4. K. Revoils M. D.	Kensinger ( Der Hand Die
and supportulation	6



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2411 N. Charles Street, Baltimore

04924

# CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY HARFORD MARYLAND	STATE MARY/And. COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give pearest town) TOWN HAURE OF GRACE (in this place)	TOWN HAURE DE GRACE
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS HARFORD HEMORIAL HOSP.	ADDRESS 400 MARKET ST.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) UESTA MAE	Gibson DEATH MAY 22 195
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	S. DATE OF BIRTH   9. AGE last birthday If under 1 year   If under 24 hrs
FEMALE WhitE WIDOWED, DIVORCED, (Specify) GARRIED	May 7, 1909 42 yrs. Months Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work   10b. Kind of Business or	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, evon if retired) INDUSTRY	MARY/And COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William BAldwin	MARY AliCE SANT MUER
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDITESS
(Yes, no, or unknown) (If yes, give war or dates of ervice)	Nospilat Kasaran
18. MEDICAL CEI	RTIFICATION
	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
Immediate cause (a)(loronar	of Occlusion 4 days
Antecedent cause(s)	6 . 1/ - 1/).
Diseases or conditions, if any, (b)	Spine Heart Wisens
giving rise to the above cause	7
6/ stating the underlying cause last	1 1000 T
II. OTHER SIGNIFICANT CONDITIONS	- Viceurus
Conditions contributing to the death but not	
related to the disease or condition causing death.  19s. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes 🗆 No 🗹
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
Maria	2 14 14 18 2 2
22. I hereby certify that I attended the deceased from MAY 18	19.2., to 1919, 22, 19.2., that I last saw the deceased
alive on MAY 22, 1957, and that death occurred at.	12 35 A m from the source and on the date of the
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Sidnarouni de la companya della companya della companya della companya de la companya della comp	O O O DATE SIGNED
Davies D. Dolce, M. D	Have de Stack 5/22/5/
23. BURIAL, CREMATION DATE THEREOF NAME OF CENEDAL DEMOVAL (Sectify)	RY OF CREMATORY   LOCATION (City, town, or county) (State)
13/33/31 and 190	U Hand The Ma.
DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE	2 FUNERAL DIRECTOR ADDRESS
Mil 23-1957 U. T. News m. N.	Burnelon + lon
	1) distribution



# CERTIFICATE OF DEATH

MARILAND STATE DEP	ARTMENT OF HEALTH	J 1)
2411 N. Charles	Street, Baltimore	
CERTIFICAT	TE OF DEATH Reg. Dist. No.	. 185-
I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	v
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	
OR givo nearest town) (in this place)	TOWN HARUS DE GRACE	
HOSPITAL OR	STREET (If rural, give location)	2
HOSPITAL OR INSTITUTION OR HAR FORD Memoe, a hosp	ADDRESS 461 Union ave.	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year
(Type or Print) Fmma MACIF	GORRELM DEATH	24 195
6. COLOR OR RACE WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under Months	Days   Hours   M
10m. USUAL OCCUPATION (Give kind of work done driving most of working life, wer if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)   12	COUNTRY!
13. FATHER'S NAME IT IST RET. GOVERNONT WOLL	14. MOTHER'S MAIDEN NAME	(J.A.
MichA. GORRELL	Ida Opperman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMANT AND VADDRESS 13 TO THE	,
service)	Wilson a Gorcell Delta F	Α.
18. MEDICAL CEI		INTERVAL BETWE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEA
420. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	e Heart Assise.	
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not Whilo   INJURY   Mork   At work	HOW DID INJURY OCCUR?	
oF   While at   Not While At work   22. I hereby certify that I attended the deceased from 5 4		
alive on 5 - 2 4, 19.5 , and that death occurred at	ADDRESS	ated above. DATE SIGNI
23. BUHAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY   LOCATION (Cyp., two, or count	Maryles
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	If lewelly abugdon for	force. The
May 24-1957 a. L. Levas n. S.	Herretianning & Sou	1 alles De
		· College
	350716	rud

MARGIN RESERVED FOR BINDING



2411 N. Charles Street, Baltimore

04926

# CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH- COUNTY			2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY			
Harford Maryland MARYLAND			Marvland Harford			
CITY (If outside corporate limits write PIPAI and 1 I ENGTH OF STAV		OR CITY (If outside corpor	ate limits, write RURAL	and give nearest town)		
OR give nearest town) TOWN Havre de Grace  (in this place) 12 yrs.		TOWN Havre d	e Grace			
HOSPITAL OR	/		п стрырт	/If manual crists loos	ition)	
INSTITUTION OR STREET ADDRESS			ADDRESS 214 Str	awberry Alley		
3. NAME OF	(First)	(Middle)	(Last)	14. DATE (Mon	th) (Day) (Year)	
DECEASED (Type or Print)	Willie	Gree	n	OF DEATH 5/1/		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday   I	f under 1 year   If under 24 hrs.	
Male	Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (SpecifyMarried	3/1/1901	50 yrs.	Months. Days Hours Min.	
10a. USUAL OCCUP.	ATION (Give kind of work corking life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF WHAT	
Cook	orking me, even in recired)	Indeal Diner	North Carolin	a	COUNTRY?	
13. FATHER'S NAM	Œ		14. MOTHER'S MAIDEN			
Marcellus	Green		Lucy Gardner			
15. WAS DECRASED E	VER IN U.S. ARMED FORCES (If year, give war or dates of	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND			
no no	mervice)	" 215 - 03 - 6637	Georgia A. Gr	een, Havre de	Grace, Md.	
		AA MERRYANI AR	DIRECT OF MACAN			
I. DISEASES OR CO	NDITIONS DIRECTLY	18. MEDICAL CE	RIFICATION	4	INTERVAL BETWEEN ONSET AND DEATH	
20 20 20 20 20 20 20 20 20 20 20 20 20 2		1 + 6	1. 1 1	1-1-	1 0	
Immediat	e cause (a)(	lave Myor	ardial Inf	ulion	8 wes	
			/)			
Anteceder	nt cause(s)	(0	Le Parision			
	conditions, if any, (b)	Coronary &	Course		D 5-0-7-7-0-0-7-0-7-0-7-0-7-0-7-0-7-0-7-0-	
Ha stating the	inderlying cause last	Lubertetision	a alueralise	Vartemode	mi 10 mm.	
II. OTHER SIGNIFI	CANT CONDITIONS	1 //	1			
Conditions contributed to the disea	ating to the death but not se or condition causing deat	h. 07	0		0	
		FINDINGS OF OPERATION			20. AUTOPSY?	
					Yes \ No \	
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (CO	UNTY) (STATE)	
SUICIDE HOMICIDE	лиі	JRY				
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?		
INJURY	m.	Work At work				
	T	e deceased from 9/13	1050 5/	1 106/ 11 17	1 ( 11 1 1	
22. I hereby cert	ily that I attended the	e deceased from///	, 19.9, 10	, 19.9, that 1	last saw the deceased	
alive on	4/30 1951 an	d that death occurred at	6:354.m., from the	causes and on the	late stated above.	
SIGNATURE	1 1	Degree or title)	ADDRESS	1 0	DATE SIGNED	
Jens	e. O. At	watery m. VI.	Havrede De	re no.	5/3/51	
23. BURIAL, CRIM	ATION DATE	NAME OF CEMETE		LOCATION (City, town,		
REMOVAL (Sp	5/5/5I	(Mt. Calvery		ear Aberdeen,		
DATE REC'D BY	LOCAL REGISTRAR'S	9	24. FUNERAL DIRECTO	n Havre de G	race, ADDRESS	
may 3	1701 U. Z.	Vans M. N.	( surrice	Con Con	~	
					12 - 5	

BUREAU V. S.

VS. A15

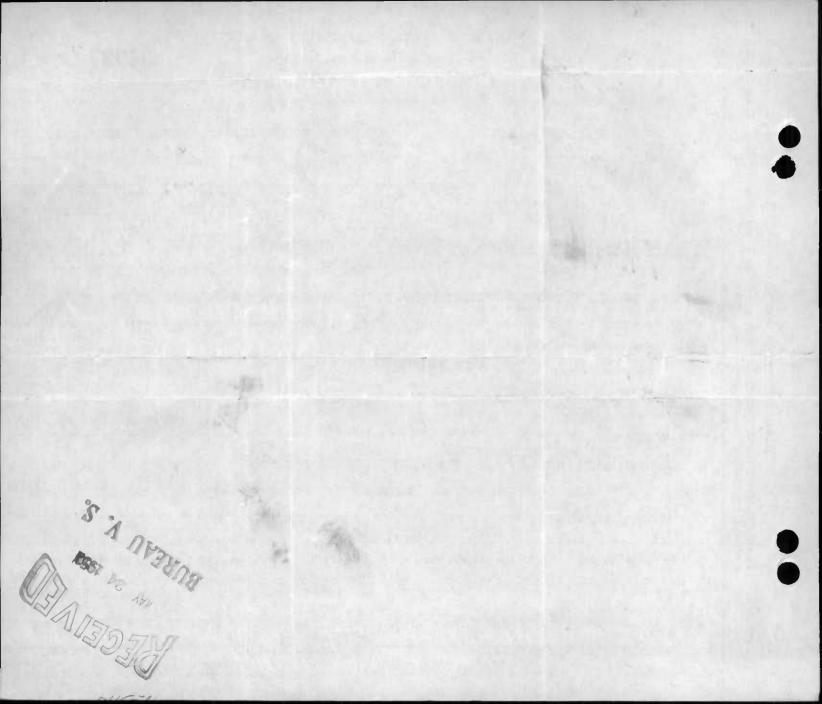
# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baitimore

# CERTIFICATE OF DEATH

()4927 Reg. Dist. No. 182

1. PLACE OF DEATH-	MARYLAND	2. USUAL RESIDENCE (HOSTATE	OME) OF DECEASED.	4 / /
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN TOWN		CITY (II outside corporation TOWN	e limits, write RURAL and gi	ve negrest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	<i>y y y y y y y y y y</i>	STREET ADDRESS	(If rural, give location)	
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) ALFRED	H.	HALL	DEATH May	16 1957
ym o O WII	NGLE, MARRIED, DOWED, DIVORCED, Specify) manual	s. DATE OF BIRTH   5	AGE last birthday   I lunder   Months   10   10   10   10   10   10   10   1	Days   Hours   Min.
done during most of working life, even if retired) INDI	KIND OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)   12	COUNTRY OF WHAT
13. FATHER'S NAME	Jarm	14. MOTHER'S MAIDEN	NAME	0070,
Isaac Hall	200	Charlotte,	Brown	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT AND	DONESS Hude 7	nd
	18. MEDICAL CE	RTIFICATION		1
I. DISEASES OR CONDITIONS DIRECTLY LEAD			0	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) CEI	REBRAL TH	ROMBOSIS		5-6-51
Antecedent cause(s) Diseases or conditions, if any, (b)	enalized a	rereosclerose	ò	7
giving rise to the above cause stating the underlying cause last	-			
65 al	solation U	Vetti Urenari	Relantion	1 .
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		γ		
19a. DATE OF OPERATION   19b. MAJOR FINDI	NGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (House HOMICIDE OF office INJURY	ome, farm, factory, street, e bldg., etc.)	(CITY OR TO	OWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJU OF While		HOW DID INJURY OCC	UR?	
INJURY m.   Wor	k At work			
22. I hereby certify that I attended the dece	A			
alive on M. Au. 16, 1981., and tha	t death occurred at (Degree or title)	ADDRESS from the o	auses and on the date st	ated above. DATE SIGNED
23. BURIAL CREMATION   DATE THEREOF	NAME OF CEMETE	FOREST HE	CATION (City, town, or count	5-17-5/ (State)
Bure (Specify) May 19,1957	West Lib		Sper Cross Gras	e, Harford 30 mg
DATE REC'D BY LOCAL REGISTRAR'S SIGNARES. 5 / 8/31 WYCLLA	fouword	martin H. Ke	urt Jarrettson	ADDRESS h.
			111 00	



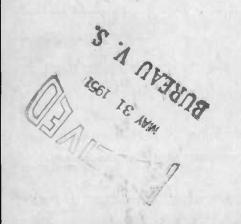
2411 N. Charles Street, Baitimore

04928

# CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATHY	2. USUAL RESIDENCE (HOME) OF DECEASED.
MARYLAND	MARUIAND MARTORS
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN  LENGTH OF STAY (in this place)	CTTY (If outside corporate limits, write RURAL and give nearest town)
HOSPITAL OR HARVE OCCAPACE	TOWN HARVE de GRACE
INCOMPLICATION OF	STREET (If rural, give location)
STREET ADDRESS HARFOR & ORMOR, ah Horph 3. NAME OF (First) (Middle)	I ADDRESS / loreth, Chio Sr.
DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print)  6. SEX  6. COLOR OR RACE   7. SINGLE, MARRIED.	ENGERSON DEATH 5 26 1957 8. DATE OF BIRTH 9. AGE isst birthday II under 1 year III under 24 hrs.
MALE ColoREd WIDOWED, DIVORCED, (Specify) Married	T. / Q 10911 /   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kied of work   10b. Kind of Business on	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, evon if retired) INDUSTRY  ON NET GROCERY Ste	Compress
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John HENDERSON	CORNELIA STRANGE
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMANT AND ADDRESS
service)	Adatenda Rson (Wile) North Ohio ST.
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
(Pallago	Hereschiuce , Sec.
Immediate cause (a)	promonage laceg
1142 X Antecedent cause(s)	5-10/10
Diseases or conditions, if any, giving rise to the above cause	
13 o atating the underlying cause last	mulia - von melle sense l'este
II. OTHER SIGNIFICANT CONDITIONS	mais - perana conce anomy,
Conditions contributing to the death but not related to the disease or coodition causing death.	re distant
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Mone	Yes \( \text{No} \) \end{No} \) \end{No} \end{No}
21. ACCIDENT (Specify) PLACE (Home, farm, factory, atreet, SUICIDE OF office bldg, etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE TOWN INJURY	Hure de grace duing maying
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?
INJURY m.   Work   At work	
22. I hereby certify that I attended the deceased from May	N 10 51 to May 26 10 51 that I lost any the 3
(1)	
alive on Muy 26, 19.6, and that death occurred at	ADDRESS.
SIGNATURE (Degree or title)	Harro de Gicine
More F. Wallmuy M'T	1/400 de 1/40 5/26/51
23 BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	(Diago)
Durial May 20,175 Chantily	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 NERAL DIRECTOR HILLIAM ADDRESS
may 20-01 lb. h. henry M.D.	1. Madron Michelf Havred Brace Md.



The correct

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04929

# CERTIFICATE OF DEATH

180

. PLACE OF DEA		122/67 Jep	2. USUAL RESIDENCE (	HOME) OF DEC	FASED.		
COUNTY	HARFORD	MA DAY AND	STATE		COUNT	Y	0.1076
CITY (If outside	companie limite - it. DIID	MARYLAND AL and   LENGTH OF STAY	CITY (If outside corpor	eta limita write F	RIIRAL and m	N.LUULE	S.A
OR give neare	st town) EDGEWOOD,	Md. (in this place)		t, Lass.	to real state of	ive nearest to	VII)
INSTITUTION	TI C Ammun Dia	oensarv	STREET ADDRESS		ive location)		b
NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE OF	(Month)	(Day)	(Year)
(Type or Print)	JAMES	<u> </u>	IOHNSTONE JR	DEATH	May	16	195
SEX	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 16 July 1929	9. AGE last birt	thday If unde Months	or 1 year If un B Days Hou	der 24 hr Min.
on. USUAL OCCU	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State			2. CITIZEN O	
Shippi FATHER'S NA	ng Ulerk	U S Army	Everett, Mass			COUNTRIL	USA
					00		
JAMES JOH	EVER IN U.S. ARMED FORCES	7   16. SOCIAL SECURITY NO.	L ELIZABETH JO	HISTORE A	NN PRO	WER	
	(If year, give war or dates service) Present						
Immedi	ent cause(s)	Cardiac Failure				0830 -	
Immedi Anteced Diseases o giving rise stating the OTHER SIGNII Conditions contri related to the dis	ate cause  ent cause(s)  r conditions, if any, to the above cause aunderlying cause last FICANT CONDITIONS buting to the death but not ease or condition causing deat	Cardiac Failure Etiology unknown Autopsy results:	(1) Hypertrophy 2) Patent forame	n ovale, anterior	third de	ONSET AND	the (3)
Immedi Anteced Disease o giving rise stating the OTHER SIGNII Conditions contripolated to the disease of the part of the contribution of the contr	ate cause  ent cause(s)  r conditions, if any, to the above cause e underlying cause last FICANT CONDITIONS buting to the death but not ease or condition causing deat ERATION 19b. MAJOR 1	Cardiac Failure Etiology unknown Autopsy results: eft ventricle. (2 Petechial hemorrh the left of the FINDINGS OF OPERATION	(1) Hypertrophy 2) Patent forame mage in the left coronary artery	n ovale, anterior (5/25/	third de heart m 51 akc)	ONSET AND OSSIGN	the (3)
Immedi Anteced Diseases o giving rise stating the Conditions contri related to the dis 9a. DATE OF OP  I. ACCIDENT SUICIDE	ate cause (a)	Cardiac Failure  Etiology unknown Autopsy results: eft ventricle. (2 Petechial hemorrh h. the left of the FINDINGS OF OPERATION  CE (Home, farm, factory, street.	(1) Hypertrophy 2) Patent forame mage in the left coronary artery	n ovale, anterior (5/25/	third de heart m	ONSET AND OSSIGN	the (3) to PSY?
Immedi Anteced Anteced OTA Diseases o giving rise stating the I. OTHER SIGNII Conditions contri related to the dis 9a. DATE OF OP II. ACCIDENT SUICIDE HOMICIDE TIME (Month	ate cause  ent cause(s)  r conditions, if any, to the above cause enderlying cause last FICANT CONDITIONS buting to the death but not ease or condition causing deat ERATION 19b. MAJOR 1  (Specify) PLA OF	Cardiac Failure  Etiology unknown Autopsy results: eft ventricle. (2 Petechial hemorrh the left of the FINDINGS OF OPERATION  CE (Home, farm, factory, street, office bidg, etc.) LEY Army Unil Ctr Mo	(1) Hypertrophy 2) Patent forame mage in the left coronary artery	n ovale, anterior (5/25/)	third de heart m 51 akc)	ONSET AND OSSIGN	the (3) to PSY?
Immedi Anteced Diseases o giving rise stating the I. OTHER SIGNII Conditions contripled to the disease of the suicide of the s	ate cause  ent cause(s)  r conditions, if any, to the above cause enderlying cause last FICANT CONDITIONS buting to the death but not ease or condition causing deat ERATION 19b. MAJOR 1  (Specify) PLA OF	Cardiac Failure  Etiology unknown  Autopsy results: eft ventricle. (2  Petechial hemorrh h. the left of the FINDINGS OF OPERATION  CE (Home, farm, factory, street, office bidg, etc.)  CE (Home, farm) Unit Ctr Modern	(1) Hypertrophy Patent forame lage in the left coronary artery  (CITY OR : Edgewood HOW DID INJURY OC	n ovale, anterior (5/25/) rown) od cur?	third de heart m 51 akc) (COUNTY Harford	ONSET AND OSSIGN	the (3) to PSY?
Immedi Anteced Anteced OTA Diseases o giving rise stating the I. OTHER SIGNII Conditions contri related to the dis 9a. DATE OF OP II. ACCIDENT SUICIDE HOMICIDE TIME (Month OF INJURY	ate cause  ent cause(s)  r conditions, if any, to the above cause sunderlying cause last  FICANT CONDITIONS buting to the death but not ease or condition causing deat  ERATION 19b. MAJOR 1  (Specify) PLA OF Accident INI (Day) (Year) (Hour)  The 1951 Am.	Cardiac Failure  Etiology unknown Autopsy results: eft ventricle. (2) Petechial hemorrh th. the left of the FINDINGS OF OPERATION  CE (Home, farm, factory, street, office bidg, etc.) INJURY OCCURRED While at Not While	(1) Hypertrophy 2) Patent forame nage in the left coronary artery  (CITY OR The second of the second or the second	n ovale, anterior (5/25/) rown) od cum? zed Compar	third de heart must ake) (COUNTY Harford Train	ONSET AND OSSIGN	the (3) to PSY?

VS. A15



VS. A15

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltlmore

# CERTIFICATE OF DEATH

04930

Reg. Dlst. No.../

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY HOUSE CONDUCTOR STAY	STATE MARY AND COUNTY HARFORD		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN HAVE OF GRACE  LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon		
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD HEMORIA! HOSP.	STREET (If rural, give location) ADDRESS Long BAR HARbor		
3. NAME OF (First) (Middle)	1 One minero		
OECEASED (Type or Print) PETER C.	LANDRY DEATH MAY 30 1951		
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specily) HARRISO	S. DATE OF BIRTH  9. AGE last birthday  If under 1 year  Months  Days  Hours  Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, evon if retired) KNDUSTRY	NOUA ScotiA 12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME		
JEFFERY LANDRY	Tengum		
15. WAS DECKASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	Thoche V. Landry Obriggy Und		
18. MEDICAL CE			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE		
Immediate cause (a)	Henry		
33 IX Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
	Yes D No X		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. INJURY	HOW DID INJURY OCCUR?		
	, 195/, to 5-30, 195/, that I last saw the deceased		
alive on	ADDRESS DATE SIGNED		
23 BURIAL CREMATION DATE THEREOF IN THE OF CENTER	RY OR CREMATORY   LOCATION (City, town, or county) (State)		
PREMIOVAL (Specify) Hum 3,951 Workestow	y . Wrigger Itaifed hil		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE LEGISTRAR'S SIGNATURE	TOWNERAL DIRECTOR ADDRESS		
	al- admi- tied 20, 1417		

S 1 CITTE

7 4

1561 9 N/L

DECEDAED

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

04931

Reg. Dist. No.

COUNTY Harford	MARYLAND	STATE Marylan		COUNTY	Har	ford
CITY (If outside corporate limits, write RI OR give nearest town) TOWN Perryman		CITY (If outside corpor OR TOWN Abedeer	ate limits, write RURA	L and give	nearest	town)
HOSPITAL OR 1NSTITUTION OR STREET ADDRESS ABERDEEN F	ARMY HOSPITAL RGR. MD.	STREET ADDRESS 102-G	(If rural, give lo Rodman Rd — C	cation) The sape	eake	Gardens
3. NAME OF (First) DECEASED (Type or Print) William	(Middle)	Lockett	OF DEATH Ma	ay	(Day) 31	(Year) 1951
Male   White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	Jan 28, 1918	9. AGE last birthday   33 yrs.	If under i	year If	under 24 hrn. Iours   Min.
10a. USUAL OCCUPATION (Give kind of wo done during most of working life, even if retire Officer	rk 10h. KIND OF BUSINESS OR	Texas	or foreign country)		CITIZEN OUNTEY?	OF WHAT
John Willis Lockett		May Lindsey				
15. Was Decrased Ever In U.S. Armed For (Yearno, or unknown) (If yes, give war or dat leervice) Current	ces? 16. Social Security No.	Wife - 102-G		esapea	ke G	ardens
I. DISEASES OR CONDITIONS DIRECTI	18. MEDICAL CI Y LEADING TO DEATH		deen, Md.	1	INTERVA	L BETWEEN
Antecedent cause(s)	Fracture, skull, co	ompound, with pa	rtial evisce	ra-	3 d	ays
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (e)					6 mp n n n n n n n n n n n n n n n n n n	-p-p-40 hard- vide vid vide
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but no related to the disease or condition causing d	eath.					
28 May 1951 eviscer	ation of brain	Compound, depre	ssed, partia.		20. AU	TOPSY?
HOMICIDE Undetermined in	JURY	Perryman	Ha	ounty) rford,		yland
TIME (Month) (Day) (Year) (Hour OF INJURY May 28, 1951	INJURY OCCURRED   While at   Not While Work   At work	Patient was str				
22. I hereby certify that I attended alive on 31 May , 1951, SIGNATURE	the deceased from 28 May and that death occurred at				ted abo	
Wilmul Alle	will antill	ADDIVESOS			DALE	SIGNED
23 BERIAL, CREMATION PATE THEIR	1951 San Cul		CATION City, town	, or county	1 . 1	(State)
	'S SIGNATURE ,	24. FUNERAL DIRECTO	1 -1/11 12	un x	ADDR	
		alling !	M Wid	1.	7/34	11/2

BUREAU V. S.

PLEASE WRITE PLAINLY, WIT

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MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

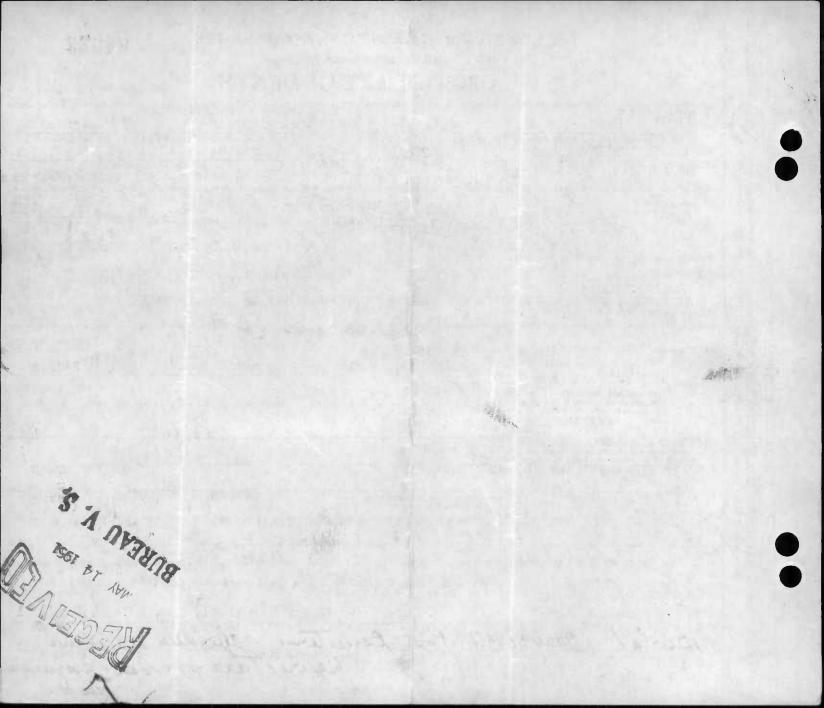
2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

04932

Reg. Dist. No.

COUNTY Harford MARYLAND	2. USTATE Maryland COUNTY	Harford
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) Aberdeen (in this place)	CITY (If outside corporate limits, write RURAL and giv	
HOSPITAL OR 2151-1 US Army Hospital INSTITUTION OR STREET ADDRESS Aberdeen Proving Ground	STREET (If rural, give location) ADDRESS 303-A Aqusta St - Chesap	eake Garden
3. NAME OF DECEASED (First) (Middle) (Type or Print) Michael INFANT MALE Paul	(Last) 4. DATE (Munth) OF DEATH May	(Day) (Year) 6 1951
6. SEX Male  6. COLOR OR RACE White  7. SINGLE, MARKEL WHENCELLE (Specify) Single	S. DATE OF BIRTH   9. AGE last birthday   If under   Months   yrs.	Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  None		COUNTRY? US
13. FATHER'S NAME Paul D. McDaniel	14. MOTHER'S MAIDEN NAME Evelyn Pannell	
15. Was Decrased Ever In U.S. Armed Forces?   16. Social Security No.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of None None	Hospital Records	
18. MEDICAL CE	ERTIFICATION	1-
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Congenital heart	disease - cyanotic type	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Hnme, farm, factory, street, SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	Yes No (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While INJURY m,   At work	HOW DID INJURY OCCUR?	•
23. BORIAL, GREMATION   DAT! THEREOF   NAME OF CEMETE	3:15A.m., from the causes and on the date str ADDRESS 1-1 US Army Hospital, APG, Md. ERY OR CREMATORY LOCATION (City, town, or count	ated above. DATE SIGNED 7 May 1951
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  REG. 5	24. FUNERAL DIRECTOR Seury arrivet Louis	ADDRESS Questien
(205041272406 T	(	cud-



# VS. A15

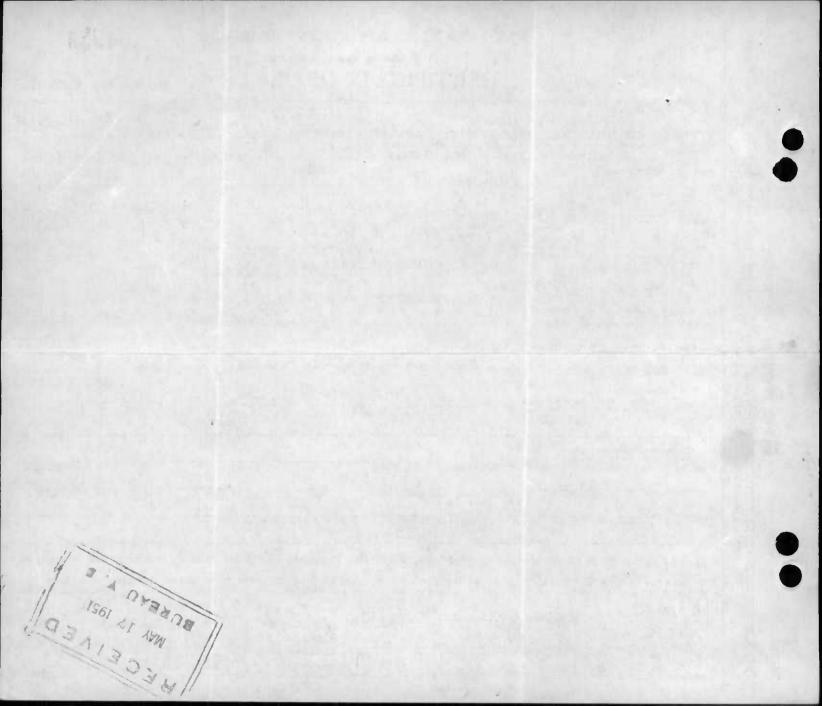
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltlmore

# CERTIFICATE OF DEATH

04933

			neg. Dist. 1	104
1. PLACE OF DEATH Harlond	MARYLAND	2. USUAL RESIDENCE (H. STATE WWW.)	COUN	Hostoa
OR TOWN give nearest town Bel air	RD (in this place)	TOWN	e limits, write RURAL and s	rive nearest (wn)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford 6	Sevalescent Home	STREET ADDRESS	/ (If rural, give location)	
3. NAME OF DECEASED (Type or Print) JESSIE		LMILLAN	4. DATE (Month) OF DEATH MOY	(Day) (Year) (O 195/
Heuch White	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) Warrus	May 2, 1900	AGE last hirthday of under Month	Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work day during most of working life, evon if retired)  13. FATHER'S NAME	10b. KIND OF BUSINESS OF INDUSTRY HOMEOU	11. BIRTHPLACE (State or	1.1.	COUNTRY USA
15. WAS DEVERASED EVER IN U.S. ABMED FORCES	? No. SOCIAL SECURITY NO.		adams	
(Yes, no, or Aknown) (If yes, give war or dates service)	18. MEDICAL CE	Deo U. Mic	Millen Jope	en tud
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a)	CEREBRAL H	EMORRITAGE		
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	Essential Ty	perleusin		
(c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not				
related to the disease or condition causing deal 19a. DATE OF OPERATION 19h. MAJOR				20. AUTOPSY?
21. ACCIDENT (Specify) PLA SUICIDE OF HOMICIDE INJ	CE (Home, farm, factory, atreet, office bidg., etc.) JRY	(CITY OR TO	OWN) (COUNTY	Yes No (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	UR?	
22. I hereby certify that I attended th	e deceased from Moy	a, 1951, to May	1951, that I last	saw the deceased
alive on May 6 , 1951, ar	d that death occurred at (Degree or title)	ADDRESS from the	causes and on the date s	stated above. DATE SIGNED
Willard C. Hudse	of INAME OF OTHER	T-CCLST L	Leel Med	5/11/51 ntv) 2 (State)
DATE REC'D BY LOCAL REGISTAR'S	1851 Balleur	re Matinul /	Ballengu	ADDRESS'
REG. 3 /15/31 9 Was	cilla forwood	Howard 15	Mc Orner	Rom
		way d	ru ma	



2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

og Diet No. 182

100/05

04934

/					
1. PLACE OF DEATH	Į·		2. USUAL RESIDENCE (H	OME) OF DECEASED.	
COUNTY	Harford	MARYLAND	STATE Md.	COUNT	rford.
CITY (If outside co	rporate limits, write RUR	AL and   LENGTH OF STAY	CITY (If outside corpora	te limits, write RURAL and g	ive nearest town)
OR give nearest	esville, Rur	al. 45 Vrs.	II OR	ville, Rural.	
HOSPITAL OR	asyllia, mur	AT . 140 AIR.	STREET	(If rural, give location)	
INSTITUTION OR STREET ADDRESS			ADDRESS	(at a many Biro roomstay)	
3. NAME OF	(First)	(Middle)	(Last)	1 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	Walter	Watt M	orris.	OF DEATH MAY	27 19.51
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.		9. AGE last birtbday   If under	1 year III under 24 hrs.
Male	White	WIDOWED DIVORCED, (Specify) WIDOWED.	Sept. 7.1876.	74 yrs. Months	Days Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	2. CITIZEN OF WHAT
H'A rim Own	orking life, even if retired)	Farmer	Harford, Go	ounty Md.	COUNTRY?
13. FATHER'S NAM	E		Harford Co	NAME"	
Wal	ter S. Morri	5 .	Hannah Sla	ade.	
15. WAS DECRASED EV	ER IN U.S. ARMED FORCES	?   16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown)	(If yes, give war or dates of service) NO.	None.		Hunter, Glyndo	n. Md.
	AV	18. MEDICAL CI		direct y or ynde	TI S MICK 9
T DIGITALITIES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN
I. DISEASES UK CO	NDITIONS DIRECTLI	LEADING TO DEATH	0.		ONSET AND DEATH
Immediate	cause (a)	Coronar	y occlusie	Λ,	Sudden.
420, Anteceden	t cause(s)	0	J_A 0		100
Diseases or c	onditions, if any, (b)	Coronary	alley d	eslæse	ONO.
	the above cause nderlying cause last		_		
940	(c)				
II. OTHER SIGNIFIC					1
Conditions contribu	ting to the death but not se or condition causing deat	h home			
19a. DATE OF OPER	RATION   19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?
					Yes I No A
21. ACCIDENT SUICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN) (COUNTY	Transfer Contract Con
HOMICIDE	INJU	RY			
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?	
			1		
22. I hereby certi	fy that I attended the	deceased from			
alive on Ma	4 17 195 Lan	d that death occurred at	4 Pim from the	causes and on the date s	tated shove
SIGNATURE	100	A Degree or title)	ADDRESS	1	DATE SIGNED
	90	2 1 1 1	5/20204	11101	0
Lange	Hes U. A	WW.	orrect,	VICE I	Lau 28, 1451
23. BURIAL, CREMA REMOVAL (Speci	fact.	N		OCATION (City, town, or coun	1
Rinial (Speci	""   <del>5</del> -31-5]	Friends	Cemetery.	Fawn Grove,	O Pa.
DATE REC'D BY I	OCAL REGISTRAR'S	SIGNATURE ASTRONOMY	24. FUNERAL DIRECTO	the board of	ADDRESS
- 12.11	- Pu	June Volume		the delay the	1 1 11

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baitimore

# CERTIFICATE OF DEATH

04935

Reg. Dist. No.....

1. PLACE OF DEATH- Sorfed MARYLAND	2. USUAL DESIDENCE (HOME) OF DECEASED. COUNTY	Horford
OR give near flown Girch BURAL and LENGTH OF STAY OR TOWN (in this place)	CITY (If outside cofforate limits, write RURAL and give OR TOWN	e nearesy town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
(Type or Print) Blanche Leone	SKILIMAN DEATH MAY	31 1950
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH 9. AGE last birthday Wunder I Months	Days   If under 24 hrs   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	14. BIRTHPLACE (State or foreign country)   12.	CITEEN OF WHAT
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	4300
Baning and Allend	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED ROLDER? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (Il yes, give war or dates of	17. INFORMANT AND ADDRESS	1
(Yes, no, or unknown) (Il yes, give war or dates of service)	mis. not Election	nagnolia
18. MEDICAL CE	RTIFICATION	11
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Arterio sclero	tie CV disease	5 mans
Immediate cause		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  Dialeles	Mellitus	1 year
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes   No W
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While HNJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from .//	, 1946, to 5/3/ , 195/, that I last sa	- 45 - 3
22. I hereby termy that I attended the deceased from	1450	w the deceased
alive on	ADDRESS ADDRESS	ted above. DATE SIGNED
Devold ( Palmer M. V. Be	lAir, rel.	5/31/51
PERIOD OF CEMETE REMOVAL (Specify) UNIX 3, 1951 6 Of CEMETE	RY OR CREMATORY LOCATION (City, town, or county	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR MADE	ADDRESS
I REG. 3, 1951 mane m montsdale	Howard K, Mileona to	for
0 / 1	Alandar Mad	

BUREAU V. S.

BECEINED ,

2411 N. Charles Street, Baltimore

CERTIFICAT	E OF DEATH Reg. Dist.	No. 10 do
1. PLACE OF DEATH COUNTY MARYLAND  CITY (If outside corporate Umits, write RURAL and   LENGTH OF STAY	2. USUAL RESIDENCE (HOME) OF DECEASED COUR	Mexicos
OR give nearest town) Oct Cin Green (in this place)	CITY (If outside corporate limits, write RURAL and OR TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harfred Convolution of Street address	STREET ADDRESS (If rural, give location	)
3. NAME OF (Pirst) (Middle) DECEASED (Type or Print) GEORGE	SLEE 4. DATE (Month) OF MAN	(Day) (Year) 4 195/
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH 9. AGE last birthday 1 und 19 127 1842	der I year   If under 24 hr ths   Days   Hours   Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired)  Manual Michael Stand	M. W. Card	12. CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	VG- OS
15. Was Decrased Ever In U.S. Araled Forces?   16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS WAS MANY & Martin	
18. MEDICAL CE	RTIFICATION /	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
Immediate cause (a) CEREBRAL TH	ROM BOSIS	Bala.
422 / Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	Cascular Disease	?
93d stating the underlying cause last (c) gen, arlens	Schrosio	>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNT	Yes No 4
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNT	TY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	4.000	
alive on 77. 3, 1951, and that death occurred at	ADDRESS and on the date	stated above. DATE SIGNED
Willard P. Hudson, m.D	Jorest Hill mg	5-5-51
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) May 6 1954	2	ounty) (State)
DATE REC'D BY LOCAL   REGILTRAR'S SIGNATURE	24. EUNERAL DIRECTOR	ADDRESS
REG. 5/5/3/ Wiella Towood	MINNIA Jarrison Some	Walna

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



of information carefully death clearly and legibly.

Supply every item write the causes of

INK. please

WITH UNFADING important. Physicians:

WRITE PLAINLY is especially

PLEASE

# MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No ..... 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE MARYLAND 7.35 OR give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) ( this place) TOWN HOSPITAL OR (If rural, give location) STREET INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF (Mlddle) (Last) 4. DATE (Month) (Day) (Year) DECEASED OF (Type or Print) DEATH 195 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 5. SEX 6. COLOR OR RACE 9. AGE last birthday 8. DATE OF BIRTH If under 1 year | If under 24 hrs. Months | Days | Hours | Min. Days Hours | Min. yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN 03000 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, pr unknown) | (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH -Immediate cause Antecedent cause(s) Diseases or conditions, if any, glving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 🗌 No Q 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, office bldg., etcherte (CITY OR TOWN) (COUNTY) (STATE) PRIMARY & OR CONTRIBUTING CAUSE OF DEATH. OF un INJURY 7 INJURY OCCURRED (Year) (Hour) While at Not while INJURY May to accident at work work 22. I certify that I took charge of the remains described above, held an Autopsy . Inspection X, Inquiry . thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 🗍, accident 💢, suicide 🔲, homicide 🔲, undetermined 🔯. (Degree or title) SIGNATURE ADDRESS DATE SIGNED 23. BURIAL, CREMATION REMOVAL (Specify) NAME OF CEMETERY ORLEBEMATORY LOCATION (City, town, or county) DATE REC'D BY LOCAL 24. FUNERAL DIRECTOR ADDRESS



Supply every item of information carefully. write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please

MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

04938

Reg. Dist. No.

Y	
1. PLACE OF DEATH. COUNTY Harriand	2. USUAL RESIDENCE (HOME) OF DECEASED.  STATE COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)  TOWN (in this place)	CITY (If outside copporate limits, write RURAL and give nearest town) OR TOWN Ballimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hungerd Memorial Horgan	STREET (If rural, give location) ADDRESS 23/3 & Federal Street /
3. NAME OF DECEASED (First) (Middle) (Type or Print) Authory V.	Chust 4. DATE (Month) (Day) (Year) OF DEATH May 11 195
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday if under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY	11. ERTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Toseph Razmus	14. MOTHER SMAIDEN NAME ULLA BONK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (Yes, no, or unknown) (If yes, give war or dates of service) 19 4 6 19 19 19	17. INFORMANT
	PRINCE THE
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Cewele Vortetre none
Immediate cause (a) Talkilius	cewed source none
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	
(0)	
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [] No [2]
21. EXTERNAL CAUSE WAS PRIMARY [Kor CONTRIBUTING   OF office bldg., etc., of DEATH.	JULY OR TOWN) HOLD (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while work at work	A uto occider, Auto-pedection The
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decendant of the charge of the control of the control of the charge of the control of the charge of the control of the charge of	ased died on the day stated above, and death in my opinion resulted
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
23. BURIAL CREMATION   DATE THEREOF NAME OF CEMETE!	RY OR CHEMATORY   LOCATION (City, town, or gounty) (State)
DATE REC'DIBY LOCAL   REGISTRAR'S SIGNATURE	onal Cemetery Frederick Rd Ballo Md
REG. 5/19/57 R.W. Adush	John J. Duda Inc 2829 Hudson St.

04939

2411 N. Charles Street, Baltimore

T. FLACE OF DEATH COUNTY Harford Maryland Maryland Maryland Maryland CHT (House cerporate limits, write RURAL and give nearest town) The CHT (House cerporate limits, write RURAL and give nearest town) The CHT (House cerporate limits, write RURAL and give nearest town) The CHT (House cerporate limits, write RURAL and give nearest town) The CHT (House cerporate limits, write RURAL and give nearest town) The CHT (House cerporate limits, write RURAL and give nearest town) The CHT (House cerporate limits, write RURAL and give nearest town) The CHT (House cerporate limits, write RURAL and give nearest town) The CHT (House cerporate limits, write RURAL and give nearest town) The CHT (House cerporate limits, write RURAL and give nearest town) The CHT (House cerporate limits, write RURAL and give nearest town) The CHT (House cerporate limits, write RURAL and give nearest town) The CHT (House cerporate limits, write RURAL and give nearest town) The CHT (House cerporate limits, write RURAL and give nearest town) The CHT (House cerporate limits, write RURAL and give nearest town) The CHT (House cerporate limits, write RURAL and give nearest town) The CHT (House cerporate limits, write RURAL and give nearest town) The CHT (House cerporate limits, write RURAL and give nearest town) The CHT (House cerporate limits, write RURAL and give nearest town) The CHT (House cerporate limits, write RURAL and give nearest town) The CHT (House cerporate limits, write RURAL and give nearest town) The CHT (House cerporate limits, write RURAL and give nearest town) The CHT (House cerporate limits, write RURAL and give nearest town) The CHT (House cerporate limits, write RURAL and give nearest town) The CHT (House cerporate limits, write RURAL and give nearest town) The CHT (House cerporate limits) The CHT (House ce		CERTIFICAT	E OF DEAT	Reg.	. Dist. No. 185
ORW Have de Grace  Orwing style de Grace  Horiton  ORWN Have de Grace  Orwn Have de Gr	I. PLACE OF DEATH-			(HOME) OF DECEAS	
ORW Have de Grace  Orwing style de Grace  Horiton  ORWN Have de Grace  Orwn Have de Gr	Harford Maryla	and MARYLAND		Harford	COUNTY
HOSPITAL OR INSTITUTIONES  STREET ADDRESS  (First)  (Midds)  (Midd	CITY (If outside corporate limits, write RURA OR give nearest town)	AL and   LENGTH OF STAY (in this place)	CITY (If outside corpo OR	rate limits, write RUR	AL and give nearest town)
INSTITUTION OR STREET ADDRESS  NAME OF DECKASED OF PRICE (First) DECKASED OF STREET ADDRESS  NAME OF DECKASED OF STREET ADDRESS  NAME OF DECKASED OF STREET ADDRESS  NAME OF DECKASED OF STREET ADDRESS  OF COLOR OR RACE  SINGLE, MARKED OF DATE OF BIRTH  OF ATT OF STREET OF STRE	TOWN Havre de Grace	70 yrs			I
3. NAME OF DECKASED (First) (Middle) (Last) (Last) (Lost) (Month) (Day) (Year) DECKASED (Type of Pint) Hattie E. Richardson (Seedy) Middle) (Last) (Proporting of Pint) Hattie E. Richardson (Specify) (Middle) (M	INSTITUTION OR		ADDRESS Clai	r St.	iocation)
Type or Print) #attie E Richardson Dearth 5/16/51	3. NAME OF (First)	(Middle)		4. DATE (M	donth) (Day) (Year)
WIDOWED   DIVORCED   Table   WIDOWED   DIVORCED   Table   WIDOWED   WIDOWE	(Type or Print) Hattie	E. Richards	on	DEATH 5/I	
10. SUNAL OCCUPATION (Give kind of work done during most of working life, even if retired)   10. Kind of Business on   11. BIRTIPLACE (State of foreign country)   12. CITIZEN OF WHAT COUNTRY   Harford Country   12. CITIZEN OF WHAT COUNTRY   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. CITIZEN OF WHAT COUNTRY   16. SOCIAL SECURITY NO.   17. INFORMANT AND ADDRESS   18. MEDICAL CERTIFICATION   18. MED		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow		01	Months. Days   Hours   Min.
HOUSE WIFE  13. FATHERS NAME  Unknown  15. WAS DECRASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (Hyear, give war or dates of none  16. SCOILL SECURITY NO. (I. INFORMANT AND ADDRESS  (Yes, no, or unknown) (Hyear, give war or dates of none  17. INFORMANT AND ADDRESS  Alfred Richardson, Havre de Grace, Md.  I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a)  18. MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH  INTERVAL BETWEEN ONSET AND DEATH  ONSET AND DEA	10a. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS OR			12. CITIZEN OF WHAT
Unknown  I. Unknown  I. I. INFORMANT AND ADDRESS (Yes, no, or unknown) (If year, give war or dates of NO	House Wife		Harford Coun	ty	
15. MAI DECRASED EVER IN U.S. ARMED FORCES! (Yes, no, or unknown)   (II year, give war or dates of none   16. Sectlal Security No.   17. INFORMANT AND ADDRESS   Alfred Richardson, Havre de Grace, Md.	13. FATHER'S NAME		14. MOTHER'S MAIDE	NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES! (Yes, no, or unknown) [Uyear, give war or dates of no no no unknown) [Uyear, give war or dates of no no no unknown) [Uyear, give war or dates of no	Unknown		Unknown		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a)  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (b)  Conditions contributing to the death but not related to the disease or condition causing death of the death but not related to the disease or condition causing death of the death but not stated to the disease or condition causing death of the death but not related to the disease or condition causing death of the death but not related to the disease or condition causing death of the death but not related to the disease or condition causing death of the	15. WAS DECEASED EVER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a)			Alfred Richard	son , Havre	de Grace, Md.
Conditions contributing to the death but not related to the disease or condition causing death Attroscuritin Gangieue  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY?  Yes No 2  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY  22. I hereby certify that I attended the deceased from At work How DID INJURY OCCUR?  23. BURIAL, CREMATION DATE (Degree or title) ADDRESS  23. BURIAL, CREMATION DATE (NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)  REMOVAL (Specify) 5/18/51 St. James Havre de Grace, Md.	Immediate cause  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	Cerebral a arteriorless	popleyy (c	Thrombosis	,)
20. AUTOPSY!  Yes No   21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  SUICIDE (Hour) (Specify) OF office bldg., etc.)  INJURY (STATE)  TIME (Month) (Day) (Year) (Hour) While at Not While Not While At Work At Work At Work At Work At Work ADDRESS  22. I hereby certify that I attended the deceased from Address and on the date stated above.  SIGNATURE (Degree or title) ADDRESS  23. BURIAL, CREMATION (DATE (NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)  REMOVAL (Specify) 5/18/51 (State)	Conditions contributing to the death but not	Note let	Ca		3-4 200
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE (HOMICIDE (Hour) INJURY OF office bldg., etc.) (INJURY OCCUR?)  TIME (Month) (Day) (Year) (Hour) While at Not While Mork At work How DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from 22.7, 19.50, to 5, that I last saw the deceased and on the date stated above. SIGNATURE (Degree or title) ADDRESS  23. BURIAL CREMATION (DATE (NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) 5/18/51 (St. James Havre de Grace, Md.	related to the disease or condition causing deat	FINDINGS OF OPERATION	gungrene		
21. ACCIDENT SUICIDE OF office bldg., etc.) SUICIDE HOMICIDE  TIME (Month) (Day) (Year) (Hour) While at Not While INJURY OCCUR?  OF INJURY  22. I hereby certify that I attended the deceased from 2.7, 19.5, to 5, that I last saw the deceased and on the date stated above.  SIGNATURE  23. BURIAL CREMATION DATE  REMOVAL (Specify)  PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN)  HOW DID INJURY OCCUR?	ISE. DATE OF OTERLATION		/ ()		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While at	SUICIDE OF	office bldg., etc.)	(CITY OR	TOWN) (	
anye on 5/6, 195/, and that death occurred at 2:350 m., from the causes and on the date stated above.  SIGNATURE  (Degree or title)  ADDRESS  DATE SIGNED  PLANT OF CEMETERY OF CREMATORY LOCATION (City, town, or county)  REMOVAL (Specify)  St. James  Have de Grace, Md.	TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY O	CCUR?	
SIGNATURE  (Degree or title)  ADDRESS  DATE SIGNED  SIGNATURE  PART SIGNED  ADDRESS  DATE SIGNED  SIGNATURE  PART OF CEMETERY OR CREMATORY   LOCATION (City, town, or county) (State)  REMOVAL (Specify)  St. James  Havre de Grace, Md.	22. I hereby certify that I attended the	e deceased from 12/2	7, 1950, to 5/	16, 1951, that	t I last saw the deceased
23. BURIAL CREMATION DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)  REMOVAL (Sp(city)  5/18/51  St. James  Havre de Grace, Md.	alive on 5/15, 195/, an	d that death occurred at	2:350 m., from the	e causes and on th	e date stated above.  DATE SIGNED
REMOVAL (Sp(cify) 5/18/51 St. James Havre de Grace. Md.	Teorge . Thans		Have de		ed. 5/18/51
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE HIG. 18-1957 G. J. Lucib M. Denniston & Soy, Have de Grace, Md.	REMOVAL (Specify) 5/18/51		Ha	vre de Grace	- Md -
	DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE W.	FUNERAL DIRECT	Haype de G	rage, Md.
	The state of the s		/		

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. L MARGIN RESERVED FOR BINDING

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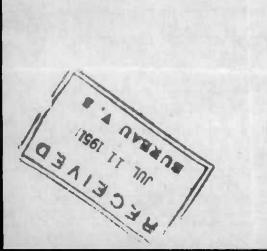
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2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

04940

/	CERTIFICAT	E OF DEAT	Reg.	Dist. No.
1. PLACE OF DEATH COUNTY	MARYLAND	2. USUAL RESIDENCE (H	OME) OF DECEAS	COUNTY for ford
CITY (If outside corporate limits) write RURA OR givo nearest town)	(in his place)	CITY (If outside corpora OR TOWN	limits, write RUR	AL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If paral, give	ocation)
3. NAME OF DECEASED (First) (First) (Type or Print)	Langley 4	Woods_	4. DATE (MOF DEATH	(onth) (Day) (Year) Man 28, 195
Male Color or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	s. DATE OF BIRTH	9. AGE last birthday out 74 yrs.	If ander 1 year   If under 24 hr. Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done) uring mest of working life, even if retired)	10b Kind of Business or	11. BIRTHPLACE (State or		COUNTRY! OF WHAT
13. FATHER'S NAME Unkno	w	14. MOTHER'S MAIDEN	NAME	1
15. WAS DECRASED EVER IN U.S. ABMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of liservice)	1 20 O J-0 500	INFORMANT AND	enson h	Faurelle Igrac
	IS. MEDICAL CE	RTIFICATION	n	nd I.
I. DISEASES OR CONDITIONS DIRECTLY I	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a)	Cecute Vuls	inary other	ua	undley
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	ertens acteur	at of U We	eeael	12 yes
93d stating the underlying cause last (c)		U		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	h.			
19a. DATE OF OPERATION 19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?
				Yes 🖸 No 🗖
21. ACCIDENT (Specify) PLAC SUICIDE OF HOMICIDE INJU		(CITY OR T	OWN) (	COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	UR?	
22. I hereby certify that I attended the	deceased from Cung	, 19.39, to May	, 19.4.7, that	: I last saw the deceased
alive on May 2, 195, and SIGNATURE.	d that death occurred at (Degree or title)	ADDRESS Cluechor	causes and on the	date stated above.  DATE SIGNED  May 25-19.5
23. BURIAL, CREMATION DATE THEREO REMOVAL (Specify)	PANT OF CEMETER	RY OR CREMATORY LO	CATION (City, town	
DATE REC'D BY LOCAL REGUTRAR'S	SIGNATURE	24. EUNERAL DIRECTOR	3	ADDRESS'



\*\*

04941

### 2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATHY COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	volue lace
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	neck	11100
OR give nearest town) Bal Que Mal (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	•
3. NAME OF (Eint) (Middle) DECKASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Therefore M. torresch	Worksender DEATH Many	31 1957
6. COLOR OR RACE 7. SÍNGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF SIRTH 9. AGE last birthday Junder Stonths.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Nouse Library  Nouse Library		COUNTRY?
13. FATHER'S NAME M'leomish	14. MOTHER'S MAIDEN NAME Mouse & Holland	
15. WAS DECRATED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	17 INFORMANT AND ADDRESS	( an my
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	from the first of	1 war
1/50. (Antecedent cause(s) Diseases or conditions, if any, (b)	Senicity arteris selevosus	10 years.
97 giving rise to the above cause stating the underlying cause last	//	0
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.		** ** *** *** *** *** *** *** *** **** ****
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No 4
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m.   At work	HOW DID INJURY OCCUR?	
	, 1947, to May, 195/, that I last s	aw the deceased
- 14.	5 15 P. m., from the causes and on the date st	
SIGNATURE (Degree op title)	ADDRESS .	DATE SIGNED
N. P. Sudwell M. O.	Beller ma	une 51
REMOVAL (Specify) Jane 2/51 Deslury	RY OR CREMATORY LOCATION (City, town, o count	(State)
DATE REC'D BY LOCAL REGISTRAN'S SIGNATURE	24. FUNERAL DIRECTOR BIL QUE VA	ADDRESS
	// Joseph Comment	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct

VS. AIS

BUREAU V. S.
JUN 6 1951